

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 24)

DATE: 1/12/73

FROM : SUPERVISOR VINCENT L. INSERRA

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

<u>Subject</u>	<u>Chicago File</u>	<u>Agent Assigned</u>
D'GIOVANNI, SAM	92-1729	SMITH, R. B.
DE ANGELES, RONALD	92-1835	[REDACTED]
DE BIASE, JOHN	92-2017	[REDACTED]
DE CHIARO, GUIDO	92-1875 ✓	FORD, F.
DE GRAZIO, ROCCO	92-1994	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
DE STEFANO, MARIO	92-2029	BENIGNI
DE STEFANO, SAM	92-1542	BENIGNI
DI BELLA, DOMINICK	92-1165	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
DICHIARINTE, ANTHONY	92-3341	ROEMER
[REDACTED]	[REDACTED]	YORK
DI VARCO, JOSEPH	92-691	FORD, F.
[REDACTED]	[REDACTED]	[REDACTED]
EBOLI, LOUIS	92-2293	FORD, F.
ELDORADO, ANTHONY	92-1374	JOHNSON
EMERY, RALPH	92-2013	SMITH, R. B.
ENGLISH, CHARLES	92-917	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
ETO, KEN	92-671	[REDACTED]

b6
b7C

Agents to whom these cases are assigned are requested to promptly execute the appropriate form which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

- 1 - C-1 Tickler
- 1 - SA MALONE Tickler
- 1 - Each of Above Cases

VLI/vel
(22)



open
92-1875 Sub 1
VLI

92-1875 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 12 1973	
FBI - CHICAGO	

VLI

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

NAME OF SUBJECT:

GUIDO DE CHIARO

FORM CM-75

MARITAL STATUS: *Married (wife's name - MARY DE CHIARO)*

ALIASES : *GAETANO DE CHIARO*

NICKNAMES : *None*

FORM CM-76

SUBJECT'S IDENTIFYING NUMBERS (IF AVAILABLE)

FBI # : *None*

SOCIAL SECURITY # : *320-26-2600*

PD # : *None*

DRIVERS LICENSE # : *D260-2800-4157*

Date of Issue : *6/2/67*

Date of Expiration: *6/2/70*

State : *Illinois*

92-1875
Sub 1-
2

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 17 1973	
FBI - CHICAGO	

T. Ford

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*										
DATE	NAME OF PERSON SUBMITTING INFORMATION									
	/SUB: FORD, FRANK J									
	DATE		AGENCY				FIELD OFFICE			
	/YR: 73 /MO: 01 /DY: 12		/AGN: FBI				/FLD: E			
	OFFICE PHONE NUMBER									
/PHN: 3124311333										
NEW OR MOD	*NEW* *MOD*									
	VERIFICATION		SUBJECT'S IDENTIFIER							
	/VER: V		/IDEN: 6SE							
	NAME OF SUBJECT									
	/NAME: DECHIARO, GUIDO NMN									
SEX (M or F)		MARITAL STATUS (R)				MAIDEN NAME OF SUBJECT				
/SEX: M		/STAT: M				/MDN:				
ALIASES										
ALIAS	ALIAS (*ALIAS*)		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA: DECHIARO, GAETANO									
	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:									
	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:									
	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:									
	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:									
NICKNAMES										
NKNM	NICKNAME *NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:									
	NICKNAME *NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:									
	NICKNAME *NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:									
NICKNAME *NKNM*		*ADD*NKNM*		*CHG		*NKNM*				
/NICK:										
INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*										
CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED					
	/FYR: 65 /FMO: 04 /FDY: 02 /TYR: 00 /TMO: 00 /TDY: 00									
	TYPE OF INVESTIGATION				AGENCY INVESTIGATING					
	/TINV:				/AGYI:					
ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*										
INFO	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
	/TITLE:									
	DIVISION EMPLOYED BY									
	/DIV:									
	AGENCY NAME									
	/AG:									
	CITY WHERE AGENCY IS LOCATED									
	/CITY:									
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
	/ST:		/ZIP:		/LVL:					
	INFO		*ADD*INFO*		*CHG		*INFO*			
	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
TITLE OF ABOVE INDIVIDUAL										
/TITLE:										
DIVISION EMPLOYED BY										
/DIV:										
AGENCY NAME										
/AG:										
CITY WHERE AGENCY IS LOCATED										
/CITY:										
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)						
/ST:		/ZIP:		/LVL:						

FORM CM-76 (Rev. 10-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

92-1875 Sub 1-

SEARCHED <i>2</i>	INDEXED <i>2</i>
SERIALIZED <i>2</i>	FILED <i>2</i>
MAY 7 1973	
FBI—CHICAGO	
<i>VL</i>	

3

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



VITAL STATISTICS ON SUBJECT																
BIRTH				*ADD*BIRTH*				*CHG*								
BIRTH	VERIFICATION		CITY WHERE SUBJECT WAS BORN													
	/VER: D		/CITY: ACERRA													
	STATE (R)		ZIP CODE		DATE OF BIRTH				CITIZENSHIP (R)							
	/ST: IT		/ZIP: FORGN		/FYR: 04		/FMO: 02		/FDY: 04		/CIT: US					
DEATH	*DEATH*				*ADD*DEATH*				*CHG*							
	VERIFICATION		CITY WHERE SUBJECT DIED													
	/VER:		/CITY:													
	STATE (R)		ZIP CODE		DATE OF DEATH											
	/ST:		/ZIP:		/TYR:		/TMO:		/TDY:							
	CAUSE OF DEATH															
/DEAD:																
PHYSICAL DESCRIPTION																
PHYS				*ADD*PHYS*				*CHG*								
PHYS	VERIFICATION		MENTAL OR PHYSICAL HEALTH PROBLEM								HAIR COLOR (R)					
	/VER:		/HLTH:								/HAIR: BROWN					
	HEIGHT		FINGERPRINT CLASSIFICATION (R)								EYE COLOR (R)					
	/HT: 504		/FING:								/EYE: BROWN					
	PHYSICAL MARK, SCAR, ETC. (R)				COMPLEXION (R)				WEIGHT							
	/MARK:				/CMLX: DARK				/WT: 150							
	RACE (R)				BUILD (R)											
	/RACE: CAUCASIAN				/BLD: MEDIUM											
	PHYS				*ADD*PHYS*				*CHG*							
	VERIFICATION		PHYSICAL MARK, SCAR, ETC. (R)													
/VER:		/MARK:														
/HLTH:		MENTAL OR PHYSICAL HEALTH PROBLEM														
SUBJECT'S RESIDENCE/TELEPHONE																
ADDR				*ADD*ADDR*				*CHG*								
ADDR	APARTMENT, HOTEL, OR PRISON NAME															
	/EST:															
	STREET NUMBER				STREET NAME				VERIFICATION							
	/STNBR: 1725				/STNM: THATCHER RD				/VER:							
	CITY OF RESIDENCE								STATE (R)							
	/CITY: ELMWOOD PARK								/ST: IL							
	ZIP CODE				DATES OF RESIDENCE											
	/ZIP: 60635				/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	APARTMENT OR ROOM NO.				TELEPHONE (1)				TELEPHONE (2)							
	/APT:				/TEL1:				/TEL2:							
EDUCATION																
ED				*ADD*ED*				*CHG*								
ED	VERIFICATION		ATTENDANCE DATES													
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:			
	NAME OF SCHOOL															
	STREET NUMBER				STREET NAME											
	/STNBR:				/STNM:											
	CITY WHERE SCHOOL IS LOCATED								STATE (R)							
	/CITY:								/ST:							
	ZIP CODE				TYPE OF SCHOOL (R)				HIGHEST GRADE COMPLETED (R)							
	/ZIP:				/SCH:				/GRD:							
	MAJOR															
/MJR:																
MILITARY RECORD																
MIL				*ADD*MIL*				*CHG*								
MIL	VERIFICATION		DATES IN SERVICE													
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:			
	BRANCH OF SERVICE (R)															
	/BRCH:															
	MILITARY OCCUPATIONAL SPECIALITY								HIGHEST GRADE or RANK							
	/MOS:								/RANK:							
	TYPE OF SEPARATION															
	/SEP:															
	RESERVE BRANCH (R)								HIGHEST GRADE or RANK (Reserve)							
	/RSRV:								/RNK:							
RESERVE DATES																
/NYR:		/NMO:		/NDY:		/MYR:		/MMO:		/MDY:						
HOBBY																
HOBBY				*ADD*HOBBY*				*CHG*								
HOBBY	KIND OF HOBBY															
	/HOB:															
	CITY WHERE HOBBY TAKES PLACE															
	/CITY:															
STATE (R)				ZIP CODE				ANNUAL COST (Dollars)								
/ST:				/ZIP:				/COST:								

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*												
DATE	NAME OF PERSON SUBMITTING INFORMATION											
	/SUB: FORD, FRANK J											
	DATE			AGENCY			FIELD OFFICE					
	/YR: 73 /MO: 05 /DY: 02			/AGN: FBI			/FLD: E					
	OFFICE PHONE NUMBER											
	/PHN: 3124311333											
NEW OR MOD	*NEW* (*MOD*)											
	VERIFICATION		SUBJECT'S IDENTIFIER									
	/VER:		/IDEN: 65E									
	NAME OF SUBJECT											
	/NAME: DECHIARO, GUIDO NMN											
	SEX (M or F)		MARITAL STATUS (R)		MAIDEN NAME OF SUBJECT							
	/SEX:		/STAT:		/MDN:							
ALIASES												
ALIAS	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*			
	/AKA:											
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*			
	/AKA:											
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*			
	/AKA:											
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*			
	/AKA:											
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*			
	/AKA:											
NICKNAMES												
NKNM	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*			
	/NICK:											
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*			
	/NICK:											
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*			
	/NICK:											
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*			
	/NICK:											
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*			
	/NICK:											
INVESTIGATION *CINV* (*ADD*CINV*) *CHG												
CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED							
	/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	TYPE OF INVESTIGATION										AGENCY INVESTIGATING	
	/TINV: AR										/AGYI:	
	ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG										*INFO*	
INFO	NAME OF PERSON IN AGENCY TO CONTACT											
	/NAME:											
	TITLE OF ABOVE INDIVIDUAL											
	/TITLE:											
	DIVISION EMPLOYED BY											
	/DIV:											
	AGENCY NAME											
	/AG:											
	CITY WHERE AGENCY IS LOCATED											
	/CITY:											
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)							
	/ST:		/ZIP:		/LVL:							
	INFO		*ADD*INFO*		*CHG		*INFO*					
	NAME OF PERSON IN AGENCY TO CONTACT											
	/NAME:											
	TITLE OF ABOVE INDIVIDUAL											
	/TITLE:											
	DIVISION EMPLOYED BY											
	/DIV:											
	AGENCY NAME											
/AG:												
CITY WHERE AGENCY IS LOCATED												
/CITY:												
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)								
/ST:		/ZIP:		/LVL:								

92-1875 Sub 1 *EF*

SEARCHED <i>for</i>	INDEXED <i>for</i>
SERIALIZED <i>for</i>	FILED <i>for</i>
JUN 23 1973	
FBI - CHICAGO	
<i>VL</i>	

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



HANGOUTS AND PLACES FREQUENTED *HANGOUT* *ADD*HANGOUT* *CHG

VERIFICATION	TYPE OF ESTABLISHMENT (R)	
/VER: I	/TEST: RESTAURANT	
NAME OF PLACE FREQUENTED (HANGOUT)		
/EST: RICKS LIONS TABLE RESTAURANT		
STREET NUMBER		STREET NAME
/STNBR: 9560	/STNM: GRAND AV	
CITY WHERE ESTABLISHMENT IS LOCATED		
/CITY: FRANKLIN PARK		
STATE (R)	ZIP CODE	FREQUENCY (R)
/ST: IL	/ZIP: 60131	/FRE: WEEKLY
AVERAGE LENGTH OF STAY (in days)		/STAY:
HANGOUT *ADD*HANGOUT* *CHG		
HANGOUT		
VERIFICATION	TYPE OF ESTABLISHMENT (R)	
/VER:	/TEST:	
NAME OF PLACE FREQUENTED (HANGOUT)		
/EST:		
STREET NUMBER		STREET NAME
/STNBR:	/STNM:	
CITY WHERE ESTABLISHMENT IS LOCATED		
/CITY:		
STATE (R)	ZIP CODE	FREQUENCY (R)
/ST:	/ZIP:	/FRE:
AVERAGE LENGTH OF STAY (in days)		/STAY:
HANGOUT *ADD*HANGOUT* *CHG		
HANGOUT		
VERIFICATION	TYPE OF ESTABLISHMENT (R)	
/VER:	/TEST:	
NAME OF PLACE FREQUENTED (HANGOUT)		
/EST:		
STREET NUMBER		STREET NAME
/STNBR:	/STNM:	
CITY WHERE ESTABLISHMENT IS LOCATED		
/CITY:		
STATE (R)	ZIP CODE	FREQUENCY (R)
/ST:	/ZIP:	/FRE:
AVERAGE LENGTH OF STAY (in days)		/STAY:
HANGOUT *ADD*HANGOUT* *CHG		
HANGOUT		
VERIFICATION	TYPE OF ESTABLISHMENT (R)	
/VER:	/TEST:	
NAME OF PLACE FREQUENTED (HANGOUT)		
/EST:		
STREET NUMBER		STREET NAME
/STNBR:	/STNM:	
CITY WHERE ESTABLISHMENT IS LOCATED		
/CITY:		
STATE (R)	ZIP CODE	FREQUENCY (R)
/ST:	/ZIP:	/FRE:
AVERAGE LENGTH OF STAY (in days)		/STAY:
HANGOUT *ADD*HANGOUT* *CHG		
HANGOUT		
VERIFICATION	TYPE OF ESTABLISHMENT (R)	
/VER:	/TEST:	
NAME OF PLACE FREQUENTED (HANGOUT)		
/EST:		
STREET NUMBER		STREET NAME
/STNBR:	/STNM:	
CITY WHERE ESTABLISHMENT IS LOCATED		
/CITY:		
STATE (R)	ZIP CODE	FREQUENCY (R)
/ST:	/ZIP:	/FRE:
AVERAGE LENGTH OF STAY (in days)		/STAY:
HANGOUT *ADD*HANGOUT* *CHG		
HANGOUT		

TRAVEL *TRAVEL* *ADD*TRAVEL* *CHG

VERIFICATION	DATES OF TRAVEL	
/VER:	/FYR:	/FMO:
/FDY:		
/TYR:		
/TMO:		
/TDY:		
NAME OF LODGING		
/EST:		
STREET NUMBER		STREET NAME
/STNBR:	/STNM:	
CITY WHERE LODGING IS LOCATED		
/CITY:		
STATE (R)	ZIP CODE	MODE OF TRAVEL (R)
/ST:	/ZIP:	/MODE:
NAME OF CARRIER		
/CARNM:		
TRAVEL *ADD*TRAVEL* *CHG		
TRAVEL		
VERIFICATION	DATES OF TRAVEL	
/VER:	/FYR:	/FMO:
/FDY:		
/TYR:		
/TMO:		
/TDY:		
NAME OF LODGING		
/EST:		
STREET NUMBER		STREET NAME
/STNBR:	/STNM:	
CITY WHERE LODGING IS LOCATED		
/CITY:		
STATE (R)	ZIP CODE	MODE OF TRAVEL (R)
/ST:	/ZIP:	/MODE:
NAME OF CARRIER		
/CARNM:		

F. Ford

FORM CM-77

VITAL STATISTICS

Name: GUIDO DE CHIARO

Date of Birth: 2-4-04

Place of Birth: CITY ACERRA, ITALY State

Zip Code

Citizenship: Country U.S. Verification? (Page 10) YES

NATURALIZED IN U.S. DIST CT 7/8/43

CERTIFICATE # 258947

Date of Death:

Place of Death: City State

Zip Code

Cause of Death:

Verification? (Page 10)

Height: 5'4" 5"

Hair Color: BROWN

Build: MEDIUM

Race: WHITE

Mental or Physical

Health Problem:

Verification? (p. 10)

(For above, see page 22)

Residence: Street Number 1725 THATCHER RD

City ELMWOOD PARK

State ILLINOIS

Zip Code

Name of Apartment, Hotel or Prison:

Apartment or Room Number:

Dates of Residence:

Telephone Number (s)

Verification? (Page 10)

Education: NOT KNOWN

Name of School:

Address: Street Number

City

State

Zip Code

Type of School:

(p. 18)

Highest Grade Completed:

(p. 18)

Major:

Attendance Dates:

Verification? (p. 10)

Military Record: NONE

Highest Grade or Rank:

Dates in Service:

Branch of Service: (p. 22)

Type of Separation:

Military Occupational Specialty:

Reserve Branch:

Highest Grade or Rank (Reserve):

Reserve Dates:

Verification?

Hobby:

Kind of Hobby:

Where Hobby Takes Place: City

State

Zip Code

Annual Cost:

92-1875 Sub 15

SEARCHED	INDEXED
SERIALIZED	FILED
JUL 24 1973	
FBI-CHICAGO	

161

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



RELATIVE		*RELAT*	*ADD*	*RELAT*	*CHG*	*RELAT*	
RELAT	VERIFICATION						
	/VER:						
	NAME OF RELATIVE						
	/NAME:		D E C H I A R D O , M A R Y				
	MAIDEN NAME OF RELATIVE		SEX (M OR F)		MARITAL STATUS (R)		
	/MDN:		/SEX: F		/STAT: M		
RELAT	RELATIONSHIP TO SUBJECT (R)						
	/REL:		W I F E				
	SUBRELATION TO SUBJECT						
	/SREL:						
	VITAL STATISTICS ON RELATIVE		*REL BIRTH*	*ADD*	*REL BIRTH*	*CHG*	
	REL BIRTH		REL BIRTH*				
REL BIRTH	VERIFICATION						
	/VER:						
	CITY WHERE RELATIVE WAS BORN						
	/CITY:		S U S C I A N O				
	STATE (R)		ZIP CODE		DATE OF BIRTH		
	/ST:		/ZIP:		/FYR: 0 7 /FMO: 0 6 /FDY: 0 7		
REL BIRTH	CITIZENSHIP (R)						
	/CIT:		U S				
	REL DEATH		*ADD*	*REL DEATH*	*CHG*	*REL DEATH*	
	REL DEATH		REL DEATH*				
	VERIFICATION						
	/VER:						
REL DEATH	CITY WHERE RELATIVE DIED						
	/CITY:						
	STATE (R)		ZIP CODE		DATE OF DEATH		
	/ST:		/ZIP:		/TYR: /TMO: /TDY:		
	CAUSE OF DEATH						
	/DEAD:						
RELATIVE'S RESIDENCE/TELEPHONE		*RELAD*	*ADD*	*RELAD*	*CHG*	*RELAD*	
RELAD	VERIFICATION						
	/VER:						
	DATES OF RESIDENCE						
	/FYR:		/FMO:		/FDY:		
	/TYR:		/TMO:		/TDY:		
	APARTMENT, HOTEL OR PRISON NAME						
	/EST:						
	STREET NUMBER		STREET NAME				
	/STNBR:		/STNM:				
	CITY OF RESIDENCE						
	/CITY:						
	RELAD	STATE (R)		ZIP CODE		APARTMENT OR ROOM NO.	
/ST:		/ZIP:		/APT:			
TELEPHONE (1)		TELEPHONE (2)					
/TEL1:		/TEL2:					
RELATIVE'S EMPLOYMENT		*RELEMP*	*ADD*	*RELEMP*	*CHG*	*RELEMP*	
RELEMP		VERIFICATION					
		/VER:					
		NAME OF BUSINESS WHERE EMPLOYED					
		/EST:					
		STREET NUMBER		STREET NAME			
		/STNBR:		/STNM:			
		CITY WHERE BUSINESS IS LOCATED					
	/CITY:						
	STATE (R)		ZIP CODE				
	/ST:		/ZIP:				
	RELATIVE'S IDENTIFYING NUMBERS		*RELID*	*ADD*	*RELID*	*CHG*	*RELID*
	RELID	VERIFICATION					
/VER:							
FBI NUMBER							
/FBI:							
ORGANIZED CRIME & RACKETEERING NUMBER		SOCIAL SECURITY NUMBER					
/OCR:		/SSN:					
POLICE DEPARTMENT NUMBER							
/PD:							
POLICE DEPARTMENT CITY							
/CITY:							
STATE (R)		ZIP CODE					
/ST:		/ZIP:					
RELID		*ADD*	*RELID*	*CHG*	*RELID*		
VERIFICATION							
/VER:							
POLICE DEPARTMENT NUMBER							
/PD:							
POLICE DEPARTMENT CITY							
/CITY:							
STATE (R)		ZIP CODE					
/ST:		/ZIP:					

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



VEHICLE (DESCRIPTION)		*VEH1*	*ADD*VEH1*	*CHG					*VEH1*
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)						MODEL YEAR	
	/VER:	O	/VEH: C A R						/MODYR: 7 3
	MAKE OF VEHICLE								
	/MAKE:	C A D I L L A C							
	MODEL OF VEHICLE						VEHICLE COLOR (R)		
	/MODEL:							/COL: C R M G L D	
	BODY STYLE OF VEHICLE (R)								
/BODY:	S E D A N 2 D R								
SERIAL NUMBER OF VEHICLE									
/SERNBR:	6 L 4 7 5 3 Q 4 3 0 3 8 3								

VEHICLE (OWNERSHIP)		*VEH2*	*ADD					*VEH2*	*CHG			*VEH2*		
VEH 2	VERIFICATION	LICENSE VALIDITY DATES												
	/VER:	D	/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	NAME OF PERSON OR COMPANY OWNING VEHICLE													
	/OWN:	D E C H I A R O , G U I D O												
	CITY WHERE OWNER RESIDES													
	/CITY:	E L M W O O D P A R K												
	STATE (R)		ZIP CODE				TITLE NUMBER							
	/ST:	I L	/ZIP:				/TTL:							
	LICENSE TAG NUMBER													
	/REG:	I L - F B 8 8 1 S												
VEH2	*ADD					*VEH2*	*CHG					*VEH2*		
VERIFICATION														
/VER:														
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE														
/OWN:														

VEHICLE (DESCRIPTION)		*VEH1*	*ADD*VEH1*	*CHG					*VEH1*
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)						MODEL YEAR	
	/VER:		/VEH:						/MODYR:
	MAKE OF VEHICLE								
	/MAKE:								
	MODEL OF VEHICLE						VEHICLE COLOR (R)		
	/MODEL:							/COL:	
	BODY STYLE OF VEHICLE (R)								
/BODY:									
SERIAL NUMBER OF VEHICLE									
/SERNBR:									

VEHICLE (OWNERSHIP)		*VEH2*	*ADD					*VEH2*	*CHG			*VEH2*		
VEH 2	VERIFICATION	LICENSE VALIDITY DATES												
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	NAME OF PERSON OR COMPANY OWNING VEHICLE													
	/OWN:													
	CITY WHERE OWNER RESIDES													
	/CITY:													
	STATE (R)		ZIP CODE				TITLE NUMBER							
	/ST:		/ZIP:				/TTL:							
	LICENSE TAG NUMBER													
	/REG:													
VEH2	*ADD					*VEH2*	*CHG					*VEH2*		
VERIFICATION														
/VER:														
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE														
/OWN:														

NON-RESIDENCE PHONE		*PHONE*	*ADD*PHONE*	*CHG					*PHONE*					
PHONE	VERIFICATION	DATE OR PERIOD OF USAGE												
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	PHONE NUMBER													
	/NUMBER:													
	NAME OF SUBSCRIBER													
	/EST:													
	STREET NUMBER				STREET NAME									
	/STNBR:					/STNM:								
	CITY WHERE SUBSCRIBER RESIDES (IS LOCATED)													
	/CITY:													
	STATE(R)		ZIP CODE											
	/ST:		/ZIP:											
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC.														
/REMARK:														

92-1875

Name: GUIDO DE CHIARO

Name of Place frequented: RICK'S LIONS TABLE REST.
(Hangout)

Type of Establishment: RESTAURANT
(see attached page)

Verification: I
(see attached page)

Street Address, City, State, and Zip Code Where Establishment is Located: 9560 GRAND AVE
FRANKLIN PARK, ILL.

Frequency: WEEKLY
(see attached page)

Average Length of stay: 1/12
(in days)

Dates of Travel: NOT KNOWN

Name of Lodging:

Street Address, City, State, and Zip Code of Lodging:

Mode of Travel:

Name of Carrier:

Verification:
(see attached page)

92-1875-

Name: **GUIDO DE CHIARO**

Dates of Employment:

SELF-EMPLOYED

Name of Business Where Employed:

M-D MUSIC CO

Address, City, State, and

Zip Code Where Employed:

**2908 COMMERCE
FRANKLIN PARK**

Verification:

(refer to attached pg. 1)

Type of Business:

(refer to attached pg. 1)

**V
GAMBLING**

Job Title:

Annual Income:

=

Type of Financial Holding or

Obligation: (refer to attached pg. 2)

REAL ESTATE

Verification:

(refer to attached pg. 1)

I

Name of Business:

Street Address, City, State, and Zip Code
Where Business or Real Estate is Located:

**2908 COMMERCE
FRANKLIN PARK, ILL**

Type of Business:

(refer to attached pg. 1)

PINBALL (GAMBLING)

Number of Shares:

Percent(%) Control:

Face Value or Principal:

Annual Income:

(from financial holdings)

Type of Bank Account:

(refer to attached pg. 2)

Verification:

(refer to attached pg. 1)

NOT KNOWN

Dates of Account:

Account Number:

Name of Bank:

Bank Branch Name:

Street Address, City, State,
and Zip Code of Bank:

F. Ford

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*																		
DATE	NAME OF PERSON SUBMITTING INFORMATION																	
	/SUB: FORD, FRANK J																	
	DATE			AGENCY			FIELD OFFICE											
	/YR: 73 /MO: 07 /DY: 02			/AGN: FBI			/FLD: 2											
	OFFICE PHONE NUMBER																	
/PHN: 3124311333																		
NEW OR MOD	*NEW* *MOD*																	
	VERIFICATION		SUBJECT'S IDENTIFIER															
	/VER:		/IDEN: 65E															
	NAME OF SUBJECT																	
	/NAME: DECHIARO, GUIDO NIN																	
SEX (M or F)		MARITAL STATUS (R)				MAIDEN NAME OF SUBJECT												
/SEX:		/STAT:		/MDN:														
ALIASES																		
ALIAS	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*									
	/AKA:																	
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*									
	/AKA:																	
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*									
	/AKA:																	
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*									
	/AKA:																	
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*									
	/AKA:																	
NICKNAMES																		
NKNM	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*									
	/NICK:																	
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*									
	/NICK:																	
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*									
	/NICK:																	
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*									
	/NICK:																	
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*									
	/NICK:																	
INVESTIGATION *CINV* *ADD*CINV* *CHG																		
CINV	DATE INVESTIGATION BEGAN			DATE INVESTIGATION CLOSED														
	/FYR:			/FMO:			/FDY:			/TYR:			/TMO:			/TDY:		
	TYPE OF INVESTIGATION										AGENCY INVESTIGATING							
	/TINV: AR										/AGYI:							
	ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG										*INFO*							
INFO	NAME OF PERSON IN AGENCY TO CONTACT																	
	/NAME:																	
	TITLE OF ABOVE INDIVIDUAL																	
	/TITLE:																	
	DIVISION EMPLOYED BY																	
	/DIV:																	
	AGENCY NAME																	
	/AG:																	
	CITY WHERE AGENCY IS LOCATED																	
	/CITY:																	
	STATE (R)			ZIP CODE			LEVEL OF GOVERNMENT (R)											
	/ST:			/ZIP:			/LVL:											
	INFO			*ADD*INFO*			*CHG			*INFO*								
	NAME OF PERSON IN AGENCY TO CONTACT																	
	/NAME:																	
	TITLE OF ABOVE INDIVIDUAL																	
	/TITLE:																	
	DIVISION EMPLOYED BY																	
	/DIV:																	
	AGENCY NAME																	
/AG:																		
CITY WHERE AGENCY IS LOCATED																		
/CITY:																		
STATE (R)			ZIP CODE			LEVEL OF GOVERNMENT (R)												
/ST:			/ZIP:			/LVL:												

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



SUBJECT'S EMPLOYMENT (*EMP*)										*ADD*EMP*										*CHG										*EMP*										
EMP	VERIFICATION		DATES OF EMPLOYMENT																																					
	/VER: <input checked="" type="checkbox"/>		/FYR:					/FMO:					/FDY:					/TYR:					/TMO:					/TDY:												
	NAME OF BUSINESS WHERE EMPLOYED																																							
	/EST: M A N D M U S I C C O M P A N Y																																							
	STREET NUMBER										STREET NAME																													
	/STNBR: 2 9 0 8										/STNM: C O M M E R C E																													
	CITY WHERE BUSINESS IS LOCATED																																							
	/CITY: F R A N K L I N P A R K																																							
	STATE (R)										ZIP CODE										TYPE OF BUSINESS (R)																			
	/ST: I L										/ZIP: 6 0 1 3 1										/BUS: G A M B L I N G																			
JOB TITLE (DESCRIPTION OF WORK)																														ANNUAL INCOME (IN THOUS.)										
/JOB:																														/SAL:										
FINANCIAL HOLDING OR OBLIGATION (*FINAN*)										*ADD*FINAN*										*CHG										*FINAN*										
FINAN	VERIFICATION		TYPE OF HOLDING OR OBLIGATION (R)																																					
	/VER: <input checked="" type="checkbox"/>		/TFIN: R E A L E S T A T E																																					
	NAME OF BUSINESS																																							
	/EST: M A N D M U S I C C O M P A N Y																																							
	STREET NUMBER										STREET NAME																													
	/STNBR: 2 9 0 8										/STNM: C O M M E R C E																													
	CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED																																							
	/CITY: F R A N K L I N P A R K																																							
	STATE (R)										ZIP CODE										TYPE OF BUSINESS (R)										% CONTROL									
	/ST: I L										/ZIP: 6 0 1 3 1										/BUS: G A M B L I N G										/CONT:									
NUMBER OF SHARES (IN 100'S)										FACE VALUE OR PRINCIPAL (IN 100'S)										ANNUAL INCOME (IN 100'S)																				
/SHR:										/VALUE:										/INC:																				
FINAN										*ADD*FINAN*										*CHG										*FINAN*										
BANK	VERIFICATION		TYPE OF HOLDING OR OBLIGATION (R)																																					
	/VER: <input checked="" type="checkbox"/>		/TFIN:																																					
	NAME OF BUSINESS																																							
	/EST:																																							
	STREET NUMBER										STREET NAME																													
	/STNBR:										/STNM:																													
	CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED																																							
	/CITY:																																							
	STATE (R)										ZIP CODE										TYPE OF BUSINESS (R)										% CONTROL									
	/ST:										/ZIP:										/BUS:										/CONT:									
NUMBER OF SHARES (IN 100'S)										FACE VALUE OR PRINCIPAL (IN 100'S)										ANNUAL INCOME (IN 100'S)																				
/SHR:										/VALUE:										/INC:																				
BANK										*ADD*BANK*										*CHG										*BANK*										
BANK	VERIFICATION		DATES OF ACCOUNT																																					
	/VER: <input checked="" type="checkbox"/>		/FYR:					/FMO:					/FDY:					/TYR:					/TMO:					/TDY:												
	TYPE OF ACCOUNT (R)										ACCOUNT NUMBER																													
	/ACCT:										/ACCTNBR:																													
	NAME OF BANK																																							
	/EST:																																							
	BANK BRANCH NAME																																							
	/BRNM:																																							
	STREET NUMBER										STREET NAME																													
	/STNBR:										/STNM:																													
CITY WHERE BANK IS LOCATED																																								
/CITY:																																								
STATE (R)										ZIP CODE																														
/ST:										/ZIP:																														
BANK										*ADD*BANK*										*CHG										*BANK*										
BANK	VERIFICATION		DATES OF ACCOUNT																																					
	/VER: <input checked="" type="checkbox"/>		/FYR:					/FMO:					/FDY:					/TYR:					/TMO:					/TDY:												
	TYPE OF ACCOUNT (R)										ACCOUNT NUMBER																													
	/ACCT:										/ACCTNBR:																													
	NAME OF BANK																																							
	/EST:																																							
	BANK BRANCH NAME																																							
	/BRNM:																																							
	STREET NUMBER										STREET NAME																													
	/STNBR:										/STNM:																													
CITY WHERE BANK IS LOCATED																																								
/CITY:																																								
STATE (R)										ZIP CODE																														
/ST:										/ZIP:																														

DE CHIARO

RELATIVES
(SPOUSE ONLY)

Name of relative:

MARK DE CHIARO

Maiden name of relative:

Sex F Marital Status M

Relationship to subject:

WIFE

Subrelation to subject:

Verification:

I

City, state, and zip code
where relative was born:

Susciano, Italy

Date of birth:

6-7-07

Country of citizenship:

U.S.

Verification:

D

City, state, and zip code
where relative died:

Date of death:

Cause of death:

Verification:

Dates of residence:

Name of apartment, hotel or prison:

Street address, city, state and
zip code of residence:

Apartment or room number:

Telephone number(s):

Verification:

NAME:

DE CHIARO, GUIDO

VEHICLES

Type of vehicle:
(see attached page)

CAR.

Model year:

1973

Make of vehicle:

CADILLAC

Model of vehicle:

SEDAN

Vehicle color:
(see attached page)

CREAM COLOR TOP
LIGHT GOLD BOTTOM

Body style of vehicle:
(see attached page)

2-DOOR

Serial number of vehicle:

6L47S3Q430383

Verification: 0 (see attached page)

License validity dates:

Name of person or company owning vehicle:

GUIDO DE CHIARO
1725 THATCHER RD
ELMWOOD PARK
ILLINOIS

City, state and zip code where owner resides:

Title number:

FB 8815 (Illinois)

License tag number and state:

Verification: D (see attached page)

Name of second person or company
owning vehicle:

NONE

Verification: _____ (see attached page)

NON-RESIDENCE PHONE

Dates of usage:

Phone number:

Name of subscriber:

Street address, city, state and zip code:

Remarks about usage location, purpose, etc.:

Verification: _____ (see attached page)

92-1875

FORM CM-80

F. Ford